Clear Form

| UNITED STATES DISTRICT COURT<br>NORTHERN DISTRICT OF CALIFORNIA<br>CAND 435<br>(CAND Rev. 02/2015)  |  |                    | TRANSCRIPT ORDER  Please use one form per court reporter.  CJA counsel please use Form CJA24  Please read instructions on next page. |            |  |   |       |                      |                     |   |                                     | COURT USE ONLY <b>DUE DATE:</b>                                    |                     |                   |          |  |
|---|--|--------------------|--|------------|--|---|-------|----------------------|---------------------|---|-------------------------------------|--|---------------------|-------------------|----------|--|
| 1a. CONTACT PERSON FOR THIS ORDER 2a.  Brian Troxel   |  |                    |  |            | 2a. CONTACT PHONE NUMBER  (415) 956-1000  3. CONTACT EMA  btroxel@le |   |       |                      |                     |   |                                     |  |                     |                   |          |  |
| 1b. ATTORNEY NAME (if different) 2b.  Brendan P. Glackin  |  |                    |  |            | b. ATTORNEY PHONE NUMBER (415) 956-1000                              |   |       |                      |                     | 3. ATTORNEY EMAIL ADDRESS bglackin@lchb.com |                                     |  |                     |                   |          |  |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)   |  |                    |  |            | 5. CASE NAME   |   |       |                      |                     |   |                                     | 6. CASE NUMBER   |                     |                   |          |  |
| Lieff Cabraser Heimann & Bernstein<br>275 Battery St., 29th Fl., S.F. CA 94111  |  |                    |  |            |  | In re Lithium Ion Batteries Antitrust Litig.  |       |                      |                     |   | g.                                  | 13-md-2420-YGR   |                     |                   |          |  |
|   |  |                    |  |            |  | 8. THIS TRANSCRIPT ORDER IS FOR:  |       |                      |                     |   |                                     |  |                     |                   |          |  |
| 7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX) $\rightarrow \Box$ FTR Sarah Goekler   |  |                    |  |            |  | ☐ APPEAL ☐ CRIMINAL ☐ In forma pauperis (NOTE ☐ NON-APPEAL ☐ CIVIL CJA: Do not use this form; L |       |                      |                     |   |                                     | :: Court order for transcripts must be attached)<br>se Form CJA24. |                     |                   |          |  |
| 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type: |  |                    |  |            |  |   |       |                      |                     |   |                                     |  |                     |                   |          |  |
|   |  |                    |  |            |  | ECT FORMAT(S) (NOTE: ECF access is included c. purchase of PDF, text, paper or condensed.)      |       |                      |                     | c.  | DELIVERY TYPE (Choose one per line) |  |                     |                   |          |  |
| DATE  | JUDGE<br>(initials)                                    | TYPE<br>(e.g. CMC) | PORTION<br>If requesting less than full hea<br>specify portion (e.g. witness or  | aring, (er | PDF<br>mail)   | TEXT/ASCII<br>(email)   | PAPER | CONDENSED<br>(email) | ECF ACCESS<br>(web) | ORDINARY<br>(30-day)                        | 14-Day                              | EXPEDITED<br>(7-day)   | DAILY<br>(Next day) | HOURLY<br>(2 hrs) | REALTIME |  |
| 10/03/2017  | YGR  | Hearing            |  | (          |  | 0   | 0     | 0                    | 0                   | 0   | 0                                   | •  | 0                   | 0                 | 0        |  |
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| 10. ADDITIONA   | 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC: |                    |  |            |  |   |       |                      |                     |   |                                     |  |                     |                   |          |  |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).                                    |  |                    |  |            |  |   |       |                      |                     |   |                                     | 12. DATE   |                     |                   |          |  |
| 11. SIGNATURE /s/ Brendan P. Glackin  |  |                    |  |            |  |   |       |                      |                     |   | 10                                  | 10/04/2017   |                     |                   |          |  |
| DISTRIBUTION:   |  |                    | COURT COPY   |            | o t  | RANSCRIPTION COPY   |       |                      |                     | ☐ ORDER RE                                  | CEIPT                               | ☐ ORDER COPY   |                     |                   |          |  |